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# FAX

DATE: 4/6/06 Our Ref.: HALB02001

TO: Examiner Timothy J. Kugel

CO.: USPTO Art Unit 1712

FAX #: 571 273 8300 PHONE #: \_\_\_\_\_

FROM: Karen Tripp

RE: Response to Restriction

Requirement Attached

US Serial No. 10/761,552

NUMBER OF PAGES: 11 (including coversheet)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/761,552
	Filing Date	January 21, 2004
	First Named Inventor	Jett Kirsner
	Art Unit	1712
	Examiner Name	Timothy J. Kugel
	Attorney Docket Number	HALB:020D1
Total Number of Pages in This Submission		10

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Charge Authorization Form
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Firm Name	Karen B. Tripp, Attorney at Law		
Signature	<i>Karen B. Tripp</i>		
Printed name	Karen B. Tripp		
Date	April 6, 2006	Reg. No.	30,452

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Karen B. Tripp</i>		
Typed or printed name	Karen D. Tripp	Date	April 6, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **120.00**

Complete if Known	
Application Number	10/761,552
Filing Date	January 21, 2004
First Named Inventor	Jeff Kirsner
Examiner Name	Timothy J. KUGEL
Art Unit	1712
Attorney Docket No.	HALB:020D1

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0807 Deposit Account Name: Karen B. Tripp, Attorney

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**         

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**         

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**          **Extra Sheets**          **Number of each additional 50 or fraction thereof**          **Fee (\$)**          **Fee Paid (\$)**         

         - 100 =          / 50 =          (round up to a whole number) x          =         

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**         

Other (e.g., late filing surcharge): Extension of Time **Fees Paid (\$)** 120

**SUBMITTED BY**

Signature	<u>Karen B. Tripp</u>	Registration No. (Attorney/Agent)	30,452	Telephone	713 658 9323
Name (Print/Type)	Karen B. Tripp			Date	April 6, 2006

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